

ENCOP - Encopresis

ENCOP-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of encopresis.

STANDARDS:

1. Discuss that encopresis can result in soiling of stool and incontinence of urine.
2. Explain that people with encopresis often develop self esteem issues related to their inability to control body functions.

ENCOP-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are positive or detrimental interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

ENCOP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of encopresis.

STANDARDS:

1. Discuss that the development of encopresis is a process which often involves:
 - a. Constipation resulting in or from hard stool that is painful to pass
 - b. Stool holding secondary to painful defecation or the child not wanting to take the time to go to the toilet
 - c. Long-standing dilation of the rectal vault (and the rectal muscles) up to 2-3 times the usual diameter
 - d. Disconnect of the defecation urge due to continuous stimulation of the neural pathway that signals the urge to defecate
 - e. Soiling of soft stool around the impacted stool in the rectal vault

- f. Enuresis (in some cases) from the large bolus of stool in the rectum pushing on the bladder
2. Discuss that soiling of clothing and enuresis that happens with encopresis is out of the child's control and that the child is unaware of the soiling until the patient feels or smells the stool.
3. Discuss that after treatment of the encopresis it may take 6-12 months for the muscle and neural pathways to return to normal functioning and that relapses are common during this time period.
4. Discuss that in some cases, there may be an emotional, psychological, or behavioral component, including a history of abuse or neglect.

ENCOP -EX EXERCISE

OUTCOME: The patient/family will understand the essential role of physical activity in encopresis.

STANDARDS:

1. Discuss that intestinal motility will be decreased without adequate physical activity. Explain other benefits of physical activity, such as improvement in well being, stress reduction, sleep, and improved self image.
2. Discuss obstacles to a personal physical activity plan and solutions to those obstacles. Assist the patient in developing a personal exercise plan.
3. Discuss the appropriate frequency, intensity, time, and type of activity.
4. Refer to community resources as appropriate.

ENCOP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of encopresis.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

ENCOP-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient will understand the lifestyle changes necessary to promote healthy living.

STANDARDS:

1. Explain that health and wellness refers to whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high-risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. Learn how to be healthy.
 - b. Be willing to change.
 - c. Set small, realistic, sustainable goals.
 - d. Practice new knowledge.
 - e. Get help when necessary.
4. Review the community resources available for help in achieving behavior changes.

ENCOP-IR INFORMATION AND REFERRAL

OUTCOME: The patient/family will receive information and referral for alternative or additional services as needed or desired.

STANDARDS:

1. Provide the patient/family with alternative or additional sources for care and services (behavioral health services, traditional healing services, etc.).
2. Provide the patient/family with assistance in securing alternative or additional resources as needed.

ENCOP-L LITERATURE

OUTCOME: The patient/family will receive literature about encopresis.

STANDARDS:

1. Provide patient/family with literature on encopresis.
2. Discuss the content of the literature.

ENCOP-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

ENCOP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for encopresis.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

ENCOP-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in encopresis.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating. Explain that appropriate water intake is necessary to soften stools.
2. Discuss the need to incorporate fiber in the diet and the use of a fiber supplement as needed. Discuss methods for increasing fiber in the diet.
3. Explain some foods or beverages can exacerbate the condition, such as milk products and caffeinated and/or sugar beverages.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

ENCOP-PA PARENTING

OUTCOME: The patient/family will understand the parenting issues related to encopresis.

STANDARDS:

1. Explain that soiling and/or enuresis associated with encopresis is not a purposeful act.
2. Discuss that punishing or belittling is not constructive and may cause more problems and make encopresis more difficult to treat.
3. Explain that natural consequences, such as having the child clean the mess either alone or with assistance (depending on the child's ability) is useful. The use of natural consequences is not and should not be used as punishment.
4. Discuss that most children with encopresis are not happy about their condition and should be handled with love and empathy when accidents happen. This is especially true during treatment and if the child is actively trying to help resolve the problem.

ENCOP-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure as well as the alternatives and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Discuss pain management as appropriate.

ENCOP-TE TESTS

OUTCOME: The patient/family/caregiver will understand the test(s) to be performed, including indications and impact on further care.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

ENCOP-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for encopresis.

STANDARDS:

1. Discuss that treatment of encopresis requires active participation from the family and patient for treatment to be successful.
2. Explain that treatment of encopresis is a slow process (months to greater than one year) during which relapses are common. Discuss the process for rapidly treating relapses.
3. Discuss the process for clean-out.
4. Discuss the plan for stool softening:
 - a. Medication
 - b. Water
 - c. Dietary changes
5. Discuss the toilet retraining process.
6. Refer to behavioral health provider if there seems to be an emotional or psychological aspect. Due to the nature of this disease, the family dynamics are often disturbed and may benefit from the referral to a behavioral health provider.